

*** NOTE: TO RETURN TO THIS PAGE, CLICK ON THE COUNTY SEAL ***

Ó|æ Á@|^Á| Á@Á@-Ö^& ã^Á~æ|Á^][|óæ^áÁ& à^|ÁÇFH

C|æ Á@|^Á| Á@Öä^&| Á-Á^} æP^æ@Á^][|óæ^áÖ^&{ à^|ÁÇFH



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

October 2, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

A handwritten signature in black ink, appearing to read "W. T. Fujioka", is written over the printed name of the Chief Executive Officer.

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

SENATE BILL 82 (SB 82) MENTAL HEALTH WELLNESS ACT OF 2013

On September 24, 2013, the Board, on motion of Supervisor Ridley-Thomas, instructed the Chief Executive Officer (CEO) and the Director of Mental Health to continue developing proposals to apply for funds available through the Mental Health Wellness Act of 2013 (Senate Bill 82) in order to support the County's efforts to provide quality mental health services. The Board requested a report back in two weeks, including a description of efforts to ensure the State adopts a funding formula that fairly distributes SB 82 monies.

BACKGROUND

SB 82 establishes the Mental Health Wellness Act of 2013 and appropriates funds to selected counties to increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams.

SB 82 has several components that will be of use to the County. The first of these is a pool of primarily one-time funding that will be administered by the California Health Facilities Financing Authority (CHFFA) to fund infrastructure for crisis residential and crisis stabilization programs. SB 82 funds are not County specific allocations, but rather competitive funding pools assigned out of a statewide total of \$146 million to five California Mental Health Directors Association (CMHDA) regions of California. Los Angeles County along with Tri-City Mental Health Authority form our own region.

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

PLANNING

The County will be required to submit a plan that meets certain process and content requirements in order to draw down the SB 82 funds earmarked for the Los Angeles region. First drafts of CHFFA's allocation called for providing the Los Angeles region with \$25 million in this segment of the program. Our vigorous feedback and advocacy efforts, including Stakeholder input, has resulted in the allocation being increased to \$40 million.

Our preliminary plan is to utilize the SB 82 funding to create three additional Psychiatric Urgent Care programs and to establish Crisis Residential programs in each service area. The Urgent Care and Crisis Residential programs would be bid out and provided by community agencies. The Urgent Care facilities may provide forensic mental health services to the Pre-Booking Diversion Program currently under discussion. The Urgent Care facilities might also be used as evaluation facilities in conjunction with the Laura's Law expansion currently being planned.

The challenge with these programs is that they provide one-time money for infrastructure and start up yet there is no provision for resources for staffing. As such, we are investigating and developing these programs with the expanded Medicaid benefits under the Affordable Care Act for both mental health treatment and for residential drug and alcohol treatment. We are also investigating partnerships with hospitals to provide the necessary local match.

CHFFA also administers a small program to finance infrastructure and staffing for crisis response teams (like the Psychiatric Mobile Response Team and the Mental Evaluation Team). We propose to use our share of these funds to expand crisis response services in the Antelope Valley, as well as law enforcement jurisdictions interested in starting joint programs such as those we operate with the Sheriff, Los Angeles Police Department, Long Beach, Pasadena, and Burbank.

The other major segment of SB 82 is administered by the Oversight and Accountability Commission (OAC). The money in this program is ongoing and is used to fund 600 teams of "triage workers." Los Angeles region's portion of these triage teams is estimated to be 172. Triage teams are thought of as teams of persons with lived experience of mental health illness (as a client or family member) and a professional who intervene to link people with mental health needs into the services that they need to achieve recovery.

Again, as a preliminary measure, we plan to propose several different varieties of triage teams, some to be connected with community agencies, others to be provided by County staff. The final plan submitted for funding to the OAC would be garnered from Board and community input, but these are our initial thoughts.

A. Health Navigator and Promotoras:

These would be teams hired to link mental health clients to the health and substance abuse treatment necessary for recovery. Some of these teams would be directly operated, some through community contract agencies.

B. Children Placement Stabilization Teams:

Sometimes a child's DCFS or Probation placement is endangered not due to a strictly mental health problem, but because of a behavioral or relationship issue that could benefit from outside intervention. These teams would provide such intervention on a 24-hour basis. They might be directly operated or contracted depending on the model chosen.

C. Homeless Outreach Teams:

These teams would be used to expand and prioritize the County's various efforts at Homeless Outreach. Community agencies and DMH staff would both be involved. This approach would forward the plans being made at the Los Angeles County Interdepartmental Council on Homelessness.

D. Forensic Outreach Teams:

These teams would be used to make certain that AB 109 and other forensic clients maintained contact with their treatment providers. The model proposed would attach these teams to the agencies providing the forensic treatment.

E. Veteran's Outreach:

These teams would expand and reinforce LA's efforts to serve the mental health needs of veterans.

F. Older Adult:

These teams would work with Community and Senior Services and other agencies to outreach to meet the mental health linkage needs of older adults.

Each Supervisor
October 2, 2013
Page 4

NEXT STEPS

We believe we have succeeded in ensuring a fair resources allocation for the County by providing feedback in the community forums, by using the resources of CMHDA, by gaining the assistance of our community Stakeholders especially National Alliance on Mental Illness and client coalitions and by contacts with our political allies. We will continue to monitor the situation until allocations are finalized and we will advise the Board accordingly.

Should you have any questions, please contact me or your staff may contact Gregory Polk at (213) 974-1160.

WTF:GP:MLM
VLA:bjs

c: Executive Office, Board of Supervisors
 County Counsel
 Mental Health

100213_HMHS_MBS_SB 82



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

December 23, 2013

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director

SENATE BILL 82 (SB 82) INVESTMENT IN MENTAL HEALTH WELLNESS ACT OF 2013 UPDATE

On October 1, 2013, the Chief Executive Officer (CEO) reported back to the Board on the Department of Mental Health's (DMH) preliminary plans to seek funding made available under SB 82 Investment in Mental Health Wellness Act of 2013. This memorandum will brief your Board about the proposed program design and plans to respond to the State's solicitation processes.

BACKGROUND

SB 82 establishes the Investment in Mental Health Wellness Act of 2013 and appropriates funds to increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, mobile crisis support teams, and funding for mental health triage personnel. The funding will be administered by two separate State-level entities, the California Health Facilities Financing Authority (CHFFA) and the Mental Health Services Oversight and Accountability Commission (MHSOAC). Under the terms of the Act, there will be two separate grant opportunities for counties to apply.

CHFFA will administer a pool of one-time funding to finance infrastructure for crisis residential and crisis stabilization programs. The Los Angeles Region was allocated \$40 million including an additional \$1.9 million for mobile crisis support teams. DMH, along with Tri-City Mental Health Authority, is eligible for the Los Angeles Region funding but must submit an application to CHFFA by January 22, 2014.

MHSOAC will administer the Mental Health Triage Personnel component of SB 82. The funding for this program is ongoing and the amount allocated to the Los Angeles Region is \$9.1 million per year for a three-year grant cycle. For the Los Angeles Region, the goal is to hire 172 triage workers to work on mobile triage teams. DMH is eligible for the Los Angeles Region funding but must submit an application to the MHSOAC by January 3, 2014.

PROPOSED PROGRAMS

Crisis Stabilization, Crisis Residential and Crisis Support Services

For this component under the CHFFA grant, DMH's proposed plan is to utilize the funding to create five additional Psychiatric Urgent Care Center (UCCs) and establish ten to fifteen additional Crisis Residential Programs (CRPs) throughout the County—increasing total capacity by 120-160 beds. DMH plans to distribute these funds through a competitive solicitation process to qualified agencies. The UCC and CRPs may provide forensic mental health services for the Pre-Booking Diversion Program currently under discussion. The UCCs may also be used as evaluation facilities in conjunction with the Laura's Law expansion currently in the planning stages. DMH estimates UCC capital funding and start-up costs will be \$3 million per location, and CRP capital funding will be approximately \$1.9 million to \$2.5 million per location including facility and start-up costs.

The UCCs will be strategically placed throughout the County, in Service Areas that do not have an existing UCC, i.e., Antelope Valley, San Gabriel Valley, Southeast County. DMH's goal is to develop urgent care services in each service area including UCCs on the campus of the Harbor UCLA Medical Center and one to serve the unique needs of Transition Age Youth in the Hollywood area, especially targeting the needs of homeless and LGBTQIA youth in mental health crises. The UCC services will also be available to consumers who are served by the Tri-City Mental Health Authority which includes the Cities of Pomona, Claremont, and La Verne.

The CRP facilities are planned for development throughout all County Service Areas including the Tri-City region. To determine where and how many beds should be added to each service area, DMH considered the following factors in its formula: Service Area demographics, estimated prevalence of mental illness, a population/poverty index, current mental health resource allocation, and existing crisis residential beds. Based on the results of this formula, each Service Area will receive a proportionate number of beds and facilities.

CHFFA also allocated \$1.9 million to the Los Angeles Region to finance infrastructure and staffing for mobile crisis support teams (like the Psychiatric Mobile Response Team and the Mental Evaluation Team). DMH will propose to use this funding to expand crisis response services in the Antelope Valley as well as law enforcement jurisdictions interested in starting joint programs such as those we operate with the Los Angeles Sheriff's Department, and the Los Angeles, Long Beach, Pasadena, and Burbank Police Departments. In addition, there is a total of \$500,000 that can be used for the purchases of vehicles for these teams.

Mental Health Triage Personnel

SB 82 also authorizes MHSOAC to grant \$9.1 million to the Los Angeles Region to hire mental health triage personnel. Among the specific objectives of SB 82 are improving the client experience, achieving recovery and wellness; adding mental health triage personnel at various points of access such as at designated community-based service points, homeless shelters, and clinics; reducing unnecessary hospitalizations and inpatient days; and reducing recidivism and mitigating unnecessary expenditures of law enforcement hospital emergency rooms.

DMH's overall plan is to develop and implement culturally responsive field-based triage teams at both the countywide and Service Area levels to serve high-risk populations. Triage teams will consist of persons with lived experience of mental health illness (as a client or family member) and a professional which intervene to link people with mental health needs into the services that they need to achieve recovery. These services will be predominately field-based and either directly-operated by DMH or contracted services.

The triage teams will be deployed throughout Los Angeles County with more than one team placed in each of the 8 Service Areas. Community workers will be individuals with lived experience with special interest and training in mental health, health, and substance abuse issues. DMH will include stipend consumer/peer volunteers as members of these triage teams.

Service Area Mobile Triage Teams, comprised of 7 staff (1 Clinical supervisor, 2 clinicians, and 4 community workers) in each of the SAs will serve homeless individuals, older adults, and veterans. These eight teams will provide outreach, engagement, case management, referral and linkage to community resources. Wellness Outreach Workers (WOW), Service Extenders and Promotoras receiving stipends will also be members of the teams. These services will be directly operated by DMH.

Child/Youth Crisis Placement Stabilization Teams, comprised of a clinician and community worker, will be deployed in each of the 8 Service Areas. Former foster youth with appropriate training and support may also serve as peer advocates and will be located at the Department of Children and Family Services (DCFS) Command Post. These teams will serve children/youth in DCFS or Probation placements endangered not due to a strictly mental health problem but because of a behavioral or relationship issue that might benefit from outside intervention. These teams would provide such intervention on a 24-hour basis. These services will be contracted via a competitive solicitation process and awarded to qualified agencies.

Forensic Outreach Teams, comprised of a clinician and a person with lived experience, will be deployed throughout Los Angeles County to serve individuals being released from jails. Fourteen specialized forensic outreach teams will assist mentally ill individuals who are being released from County jails or receiving mental health services under AB 109. In order to successfully transition inmates to community-based mental health treatment services upon release, DMH will expand capacity for jail in-reach and short-term intensive case management and care coordination services that will facilitate access to and successfully link individuals with histories of mental illness and criminal justice involvement to appropriate types and levels of mental health and substance abuse treatment services and community resources. These services will be contracted via a competitive solicitation process and awarded to qualified agencies.

ED

Crisis Transition Specialists Teams, comprised of a clinician, a person with lived experience, and a peer advocate/provider, will be placed in each of the UCCs to identify individuals in crisis with complex mental health and co-occurring substance abuse disorders who are in need of short-term intensive case management services and to link them to ongoing community mental health services. These eight teams will also assist individuals who are repetitive and high utilizers of emergency room crisis services who are brought to the UCCs. DMH will expand capacity to engage these individuals in the UCCs and provide intensive case management for up to 60 days following discharge to ensure stabilization and linkage to ongoing services and supports within the individuals' local communities. These services will be contracted via a competitive solicitation process and awarded to qualified agencies in each of the eight Service Areas.

NEXT STEPS

DMH staff has presented its proposed plans to a variety of stakeholder and interests groups for input and feedback, e.g., County Commissions, law enforcement, DMH System Leadership Team, hospital and provider associations, coalitions, advisory groups. DMH will continue to update the Board and the CEO on the status of its applications to the MHSA and CHFA once they are submitted.

Should you have any questions, please feel free to contact me, or your staff may contact Dennis Murata, MSW, Deputy Director, at 213-738-4978 or via email at Dmurata@dmh.lacounty.gov.

MJS:DM:tld

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

2013 DEC 23 PM 4:35

FILED